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Policy Research, Inc.

Supporting Justification for OMB Clearance of the Wave 4 Survey of Youth for the Federal Evaluation of Initiatives Funded Under Section 510 of the Maternal and Child Health Block Grant Program

Draft

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Submitted to:

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A. JUSTIFICATION

1. Circumstances Necessitating Data Collection

This submission requests approval of instruments that will be used to collect a fourth wave of surveys with youth participating in the evaluation of a select group of programs funded through the abstinence education provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This data collection is needed to fulfill the requirements for a Congressionally authorized evaluation of block grant programs funded under Section 510, Title V, of the Social Security Act.

In October 1999, OMB granted approval for the baseline survey instrument for this study, the personal data book, and parent consent and student assent forms (OMB#0990-0233). Subsequently OMB granted approval of the Wave 2 survey, site visit protocols, and focus group protocols (OMB# 0990-0237). Following this, OMB granted approval for a Wave 3 survey (OMB# 0990-0257). This submission requests approval for a Wave 4 (third follow-up) survey instrument (see Appendices A and B for copies of the instruments and Appendix C for supporting documentation). This survey will be administered to the study sample between 24 and 60 months after sample enrollment (Spring '05).

There are three phases to the evaluation. The first phase of the evaluation included site selection, sample enrollment and baseline data collection (Wave 1). This phase of study activity was covered under the first OMB clearance request submitted in 1999. This submission included an overall discussion of the goals of the evaluation, the approach to site selection, the procedures (including active parental consent and student assent procedures for participation in a random assignment impact evaluation), and the overall data analysis and reporting plans.

The second phase of the evaluation included the collection and preliminary analysis of operational and process data through site observations, executive interviews and focus groups with parents and students, as well as a short-term follow-up survey (Wave 2) with students participating in the five random assignment impact studies. These various data collection activities were covered in a second OMB clearance request approved in May 2000. These data (particularly the site observation, executive interview and focus group data) were used extensively for an interim report on program implementation. The wave 2 student survey data is the basis for a short-term impact analysis report that will be available in late 2004.

The third phase of the evaluation includes collection of key behavioral outcome measures for students participating in the five impact studies. For students who are high school seniors at the time of the Wave 3 data collection and who we are unable to interview further, these data will constitute the final point in time to measure behaviors. For the remaining and majority of the sample, the Wave 4 survey is designed to extend the follow-up period as far out as possible so that these same behavioral outcome measures—largely risk behaviors—are collected when most of the study sample will have aged into the bracket where they are likely to face difficult decisions regarding whether to engage in such behaviors. (The extension of the data collection period to allow for more longitudinal measures was the result of a modification to the original contract award).

The Abstinence-Only Education Grant Program. The Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193) authorized federal expenditures of $50 million annually for five years beginning in fiscal year 1998 to support state efforts promoting abstinence-only education. The programs funded and administered under the Section 510, Title V Block Grant Program represent the first major federal effort to actively support state and

local efforts to teach youth the benefits of abstinence from sexual activity and other high-risk behaviors.

Federal funds are distributed to states based on their share of low-income children and their willingness to provide $3 in local matching funds for every $4 of federal funds. Maximum state allotments for fiscal year 1998, for example, range from a low of $69,000 for Vermont to a high of $5.7 million for California.

Within and across states, there is great diversity in the manner in which funds are distributed, the nature of the programs supported, and the youth most aggressively targeted. Projects funded through this grant program may differ in design and in the groups they target as long as they are not inconsistent with any of the program guidelines (Maternal and Child Health Bureau, May 1997). Funded activities range from state-level media campaigns to high-intensity, multifaceted, multiyear youth development initiatives with strong abstinence-only messages. While most states have chosen to fund a diverse set of initiatives, a few have devoted all or most of their funds to statewide media campaigns and one state opted for a single statewide intervention strategy.

An evaluation of abstinence-education programs funded under Section 510 was authorized through the Balanced Budget Act of 1997, P.L. 105-33, signed into law on August 5, 1997. This law stipulated that the funds be used to "evaluate programs under Section 510" (Public Law 105-33, Balanced Budget Act of 1997, Subtitle A, Sec. 5001 (a)(1)) (see Appendix D).

The Overall Evaluation. The evaluation, which is sponsored by the U.S. Department of Health and Human Services (USDHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE), has three primary goals. The first is to document and understand the nature and underlying theories of the abstinence education strategies that are being implemented in efforts to reduce adolescents' sexual activity and other risk-taking behavior. This goal will be

achieved through a process analysis, using program documents, observations of program operations, and interviews with program staff.

The second goal is to determine the extent to which, and in what ways, various abstinence education strategies affect youth behaviors. This goal will be achieved through an experimental design impact analysis of select programs that target services on particular groups of youth, as well as complementary implementation and process analysis of these programs. Five programs are participating in this study component (see Table 1):

TABLE 1

TARGETED PROGRAMS FOR THE IMPACT EVALUATION

Program and Location	Entry Grade/Setting/Curriculum/Other Services/Other Features
Teens in Control Clarksdale, MS	Grades 5 and 6. School-based. 30 curricula sessions, possibly repeated once. Minor peer mentor component. Extremely poor, rural community.
ReCapturing the Vision Miami, FL	Grades 6–8. School-based. Daily, year-long curriculum. Monthly home visits and referrals to other services; school uniforms. Poor, urban setting; diverse student population.
Heritage Keeper Community Services Edgefield, SC	Grades 6 and 7 and grade 9. School-based. Character clubs added to a five-session abstinence curriculum. 18 or more sessions annually over multiple years. Lower to middle income community.
My Choice, My Future Powhatan, VA	Grade 8. School-based. 36-session curriculum. 9th and 11th grade boosters. Lower-to middle-income community.
Families United to Prevent Teen Pregnancy Milwaukee, WI	Grades 4–6. After school. Two hours daily throughout the school year for multiple years. Summer program; parent involvement; peer mentors. Poor, inner city neighborhoods; mixed race/ethnic groups.

These focal *targeted programs*, selected for study through a careful review of the range of initiatives being supported through Section 510 funding, represent different intervention strategies and implementation settings. The selected programs range from curriculum-based programs in school settings with little or no "booster" activities to multiyear, multipronged efforts in both schools *and* communities. Two of the programs use nationally disseminated abstinence-only education curricula, and three developed their own. By design, the impact

evaluation component of the evaluation is focusing on this purposefully selected group of five programs. The intent of the evaluation is to assess the effectiveness of a range of program models in different settings, not to judge the average effectiveness of the Title V, Section 510 grant program. All evaluation reports prepared under the project will be clear that the results pertain to a select group of programs, not the entire grant program. The primary data for the impact analysis will come from surveys administered to youth in the programs and to their control group counterparts, as well as from the school records of these students in some of the sites.

The third major goal is to examine strategies used to promote abstinence until marriage, including *community-wide, systemic change initiatives.* This component of the evaluation will emphasize community-wide initiatives, involving multiple strategies to lower the teenage nonmarital sexual activity rates—for example, by changing community norms and resources; by altering the behaviors of parents toward their own and other children in ways that encourage abstinence; by strengthening the schools and promoting a culture that is supportive of abstinence and other healthy life-styles among youth; and by directly altering the knowledge, values, and resources available to youth in ways that promote abstinence. Some state Title V grantees encouraged application for funding to establish such initiatives in response to growing support from both the research and the program communities suggesting that such efforts would be more effective in generating systemic changes in the local environments that foster significant, permanent reductions in the rates of teen nonmarital sex.[1]

[1]The underlying theories of youth risk-taking behavior posit that a variety of personal, family, school, and community factors affect in important ways the choices youth make regarding engaging in sexual activity. Relatedly, the theory of change that undergirds a relatively new wave of community-wide, abstinence-only education initiatives hypothesizes that the most effective strategies for promoting abstinence will be those that alter these multiple

Six community-wide initiatives are participating in this portion of the evaluation. The sites, and their respective strategies for stimulating systemic change in diverse community contexts, are described in Table 2.

The goal in studying these types of initiatives is to learn as much as possible about the design, implementation, and operation of a wide variety of efforts to reduce teenage nonmarital sexual activity. Specifically, this analytic component has three primary goals: (1) to document and understand the processes through which change is attempted; (2) to identify and learn from the implementation successes and challenges in the various change efforts; and (3) to document community trends that affect the direction and/or results of the change efforts.

We will rely on three types of data to evaluate these various targeted and community-wide initiatives: (1) implementation and process data collection, including executive interviews with program, community, and school leaders; focus groups with parents and youth; program documents, including information on component participation levels; and first-hand observations of key components of the community change effort (See OMB #0990-0237); (2) panel surveys of youth conducted by other community groups or evaluation partners of the community-wide initiative (not covered by this request); and (3) local health and education data, particularly teenage birth rates, out-of-wedlock birth rates, STD rates among teens, school drop-out rates, and achievement test scores in the community service area.

Structure of the Evaluation. The research goals specified in the Request for Proposals (RFP-11-98-HHS-OS) issued by DHHS/ASPE can be addressed successfully only through a two-pronged evaluation strategy—one to address issues related to the efficacy of program

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(continued)
aspects of youths' environments (see for example, Morris et al. 1993; Dryfoos 1991; and Edwards and Stern 1998).

TABLE 2

COMMUNITY-WIDE INITIATIVES IN THE EVALUATION

	Sponsoring Agency	Principal Program Components	Target Population
Cedar Rapids, IA	Not-for-profit/ public school district coalition	Abstinence curriculum for 5th graders; *Young Parent Network* for abstinence training; Community resource library; School assemblies in middle and high schools; Workshops for parents and educators; Support groups for transition from middle school; Volunteer teens writing and producing messages; Mentoring and adult supervision; Baby Think It Over dolls	All county youth; emphasis on middle school youth
SC[a]	Heritage Keepers Community Services	Abstinence education curriculum (450 minutes); Weekly or bi-weekly character clubs; Parent training; Mentors; Assemblies; Training of medical providers	Grades 6–10; 11th and 12th grade boosters. Multiple sites statewide.
Toole, UT	County health department	Abstinence curriculum, with some *Teen Aid* et al. in family life classes at middle schools (typically 2 weeks); *Love and Logic* parenting class (2 hours per week for 10 weeks); Self-esteem days for 5th - 8th graders; Baby Think It Over dolls; FACT student self-esteem classes for high-risk youth; Peer educators; School fairs; Billboards and newsletters; Merchant involvement; Faith-based linkages	9–18 year olds; strongest focus on 10–14 year olds
Waco, TX	Newly formed community-based organization	Abstinence curriculum (6 weeks as part of health class); *Aim for Success* assemblies; Reality Check ("I'm Worth Waiting For"); Character education in elementary schools; Youth mentors; Medical provider training; Faith-based partners; Resource library; Media spots	10–14 year olds, with a heavy emphasis on 8th and 9th graders
Fort Bend, TX	Newly formed community-based organization	Wings youth development for girls; *ChangeMakers*, community training; Peer education (STARS); *GOLDCLUB*, social group for high school youth; Parent education programs; Parent resource center; Propellor group for boys (under development); Aim for Success Assemblies; School-based abstinence curriculum; Community events (e.g., fairs)	9–18 year olds, with a heavy focus on middle school youth
Monroe County, NY	County health department and New York Agency (advertising)	Abstinence curriculum; Parent guides; Paid TV ads, radio spots, and posters; *Kids Advisory Panel* for media efforts; Interactive web site for parents, youth, and community educators	Youth aged 9–14

[a]The character club portion of the intervention in the evaluation of targeted initiatives (see description in Table 1).

interventions and another to address the questions related to effective design and implementation of abstinence education initiatives.

Table 3 summarizes the specific research questions, evaluation methods and data sources that will be applied to both the experimental evaluations of targeted projects and the nonexperimental evaluations of community-wide initiatives described above, to inform both core and subsidiary questions. The follow-up survey data collection is central to determining the extent to which various types of abstinence education programs change youths' risk-taking behaviors, particularly those related to sexual activity, learning as much as possible about the mechanisms through which the impacts occur, and for which groups of students each type of intervention is relatively more effective. The Wave 4 survey covered by this request is especially important to measuring longer-term behavioral changes.

The complementary qualitative research will ensure that the interventions are well documented. It also will help us to understand the nature of the interventions, how they induced behavioral changes, the types of contextual influences that affected the local programs and their outcomes, and the conditions and strategies needed for replication of effective programs.

The **impact analysis** design builds on a conceptual framework that has been shaped by both theoretical models of teenage risk-taking behavior and a sizable body of research that highlights important links between the backgrounds of youth, abstinence education interventions and other mediating factors, and key behaviors and related outcomes: teen sexual activity; teen pregnancies and births; and exposure to sexually transmitted diseases (STDs). In this framework, the abstinence education programs are expected to be a major source of mediating influence, altering the normal relationship between antecedents of youth risk-taking behaviors and ultimate behavioral choices and their consequences.

TABLE 3

RESEARCH QUESTIONS, EVALUATION METHODS, AND DATA SOURCES

1. What are the theories underlying the various programs and community-wide initiatives supported through Section 510, Title V?

What abstinence-only interventions are being studied? How are they expected to change key outcomes? How do they relate to the range of programs not included in the evaluation?

Evaluation Method:	• Program review and process analysis
Data Sources:	• Interviews with program staff and program observations • Program documentation and management data • State plans for their abstinence-only initiatives and local program plans

2. To what extent and in what ways do various abstinence-only education strategies affect youths' behaviors?

Did the behaviors of interest change during the study period? Did the changes vary among subgroups defined by key antecedent factors? What about by age? Or site?

In what ways and to what extent did the abstinence-only intervention cause the behavioral changes that occurred? What other factors might explain the observed changes over time in the behavioral patterns?

	Targeted Programs	**Community-Wide Programs**
Evaluation Method:	• Compare behaviors and outcomes of experimental and control group members • Estimate multivariate behavioral and impact models • Compare pre-post differences in behaviors for youths in the program and control groups	• Examine knowledge, attitudes and behaviors of local youths • Examine changes over time for target-age youths • Compare outcome indicators for youth in study sites and in other locations/nationally • Examine trends for other population subgroups (national, state, substate)
Data Sources:	• Surveys of program and control youth • School records of program and control youths • Site observations and interviews • Focus groups	• Area statistics at different stages of program implementation • Community-level outcome data • Program administrative data • Site observations and interviews

3. What is involved in launching an effective abstinence-only education initiative?

In what ways does the local environment enhance or impede the ability of these initiatives to achieve their intended objectives?

Evaluation: Method:	• Program review and process analysis • Syntheses of analytic research reports
Data Sources	• See 1 and 2 above

To measure the effectiveness of the abstinence education initiatives, the study will compare randomly selected program youths with randomly selected control groups not offered the abstinence education programs, using information collected through three follow-up surveys and through school records data on academic grades, attendance, and test scores.

Our primary measures of effectiveness will be actual behaviors and their consequences, such as teenage sex, contraceptive use and pregnancy, as well as the use of drugs and alcohol, which is closely linked to early engagement in sex (Mott 1996; Moore et al. 1995b; and Donovan and Jessor 1985). However, it also is important for us to measure program impacts on intentions to engage in sex, out-of-wedlock sex, and protection from unintended pregnancy and STDs, inasmuch as these intentions and attitudes have been found to be extremely strong predictors of subsequent behaviors (Udry and Billy 1987).

We also will examine the extent to which the programs impact the sexual activity of youth through increasing their engagement and performance in school using primarily school records data. The literature suggests that one mechanism for reducing teen sexual activity and other risk-taking behavior is to strengthen youths' involvement and performance in school and extracurricular activities (Moore et al. 1995a).

Youth are being enrolled in the study between fall 1999 and fall 2002. The initial active parental consent materials covered all data collection for the project (see Attachment C of first OMB clearance request, August 1999). Thus, parents are not required to sign any further consent forms beyond the initial one, unless they are asked and agree to participate in a focus group. In addition, for the follow-up surveys conducted by phone or in the field, interviewers obtain verbal consent from a parent/guardian prior to talking with the student. As with each wave of data collection, students complete an assent form prior to answering the survey.

Depending on the strength of the intervention and the age of the target youth, the study samples range from roughly 500 to as many as 850 youths per site, about evenly divided between program participants and control youth. The first wave of survey data collection with sample members is at or near enrollment (fall 1999 through fall 2002), the second wave occurs near the end of the enrollment school year (spring 2001 through spring 2002), and the third wave occurs 18 to 36 months after sample enrollment. The fourth wave will occur 24 to 60 months after sample enrollment. The data collection schedule for the study underscores the need to gather data at critical intervals in terms of the timing of the interventions and their expected impacts on behaviors.

The **Wave 1 (baseline) survey** (OMB #0990-0233) focuses on antecedents of teen sexual activity and other high-risk behaviors, which are important for monitoring the integrity of the random assignment and useful in reducing the error variance in analytic models. In addition, the survey gathers baseline measures of both key mediating variables (parental attitudes, values, and supports, the youths' own attitudes, knowledge and relationships, and the school and community environment) and the key outcomes (both intentions and past experience with sex, drug use, and alcohol consumption). These measures are expected to be important for defining subgroups of youth who are likely to have different needs and responses to the interventions.

Follow-up surveys (OMB #0990-0237, OMB #0990-0257, and the current submission) focus on mediating factors, including peer pressure, views on abstinence, teen sex and marriage, and intentions to abstain from high-risk behaviors, and actual behaviors and their consequences (sex, drug and alcohol use, exposure to pregnancy, teenage childbearing, and exposure to sexually transmitted diseases).

A complementary **implementation and process analysis** of targeted programs will address questions related to effective design and implementation of the abstinence education initiatives.

It will describe the programs and how they were implemented, as well as the services provided to both the program and the control groups. This will allow us to understand the specific strategies used to influence participant behavior and outcomes. In addition, the process analysis will elaborate on how these types of targeted interventions change mediating factors and outcomes of interest—a goal that will be achieved through the interpretation of both process and impact analyses.

One focus of this study component is the issue of effective strategies for stimulating systemic change supportive of abstinence—defining community needs; resources and goals for the intervention; the particular strategies to implement and the approach to implementing each; and means to monitor and assess performance. This evaluation effort presents an opportunity to enrich considerably our understanding of the "theory of change" as it applies to adolescent sexual behavior, as well as to generate a wealth of practical knowledge regarding the design, implementation, and operation of effective intervention strategies.

Reporting. The results will be reported in two primary reports—one focusing on interim findings based on the first follow-up survey data (expected late 2004), and a second, final report to be completed in 2006. In addition, there was an implementation report to Congress in April 2002, and there will be one or two topical reports, as recommended by the study team or requested by DHHS.

This OMB Clearance Request. This submission is requesting approval of the Wave 4 follow-up survey of youth in the focal targeted programs sites under study. The remainder of section A discusses various issues related to the justification for the Wave 4 follow-up survey. Appendices A and B include the Wave 4 survey instruments to be used with females and males, respectively. Both are formatted for paper and pencil administration, although we expect to conduct up to 40 percent of the surveys by telephone or through one-on-one in-home settings.

Appendix C is a question-by-question justification of its content. Appendix D is the program and evaluation legislation. Appendix E discusses the conceptual framework for evaluating the Title V abstinence education programs. Appendix F is a copy of our Confidentiality Certificate.

2. How, by Whom, and for What Purpose Information Is to Be Used

The results of this Congressionally mandated study will guide federal policy makers in their decisions regarding continued support for abstinence-only education. Beginning in fiscal year 1998, $50 million in new funding annually for five years is available through Section 912 of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (PRWORA) to support state and local abstinence-only education initiatives. These new funds are being administered through the Section 510 formula grant program under Title V of the Social Security Act. This planned data collection is essential to carry out a mandated evaluation of abstinence-only education programs funded under the Section 510 grant program.

This study will inform Congress as to the efficacy of this grant program in preventing teen sexual activity and related negative consequences. ASPE/DHHS, which oversees the Department of Health and Human Services' overall strategy on teen pregnancy prevention as it relates to welfare reform, will use the study results to guide their program and planning. Local program staff also may use the study findings to enrich their understanding of the problems of teenage sexual activity, pregnancy, and sexually transmitted diseases (STDs) and to guide their program planning and operations.

3. Use of Automated, Electronic, Mechanical, and Other Technological Collection Techniques

The data collection plan reflects a sensitivity to issues of efficiency, accuracy, and respondent burden concerns. Where feasible, information will be gathered from existing data sources, such as program and school records, using automated transfer techniques. In many

cases, however, the needed information can be obtained only through the sample youth themselves. The information being requested through surveys is limited to that for which the youth are the best or only information source. Moreover, we will rely on collection methods that impose minimal burden on both the respondent and other affected individuals (such as school personnel, program staff, and parents) while being attentive to issues of data quality.

Mode of Administration. As was the case for the Wave 1, 2, and 3 surveys, for the most part, the Wave 4 survey will be administered in group sessions using a paper-and-pencil, self-administered questionnaire. For students who have moved out of the area by the time of the survey administration, surveys will be conducted by telephone or in-person interviewing.

During the fall of 2000, we conducted a methodological experiment to study whether sample participants underreported risk behaviors such as sex, alcohol use, and drug use more when completing the study questionnaires using our standard paper and pencil mode versus when using a computer-technology. To conduct this experiment, we randomly assigned roughly 500 students from our cohort 1 sample into one of two groups: the "control-group" who would complete the Wave 2 survey using the standard paper-and-pencil instrument and the "treatment-group" who would complete the survey using an Apple-Newton hand-held device.

The Apple-Newton device was expected to provide students with a greater sense of privacy than the pencil-and-paper questionnaire. Thus, if students taking the study questionnaire were routinely underreporting risk behaviors (due to a lack of perceived confidentiality), we hypothesized that the reported incidence of sex and other negative behaviors would be higher among students assigned to the Apple-Newton-group mode than to the control-group mode.

A simple t-test, measuring the significance of differences in mean reported outcomes between the two groups, suggested there were no notable mode differences in response patterns associated with the mode of administration. For example, comparing the percentage of students

reporting ever having had sex, we found nearly identical rates between the two groups—21.1 percent among students in the paper-and-pencil group and 21.6 percent among students in the Apple-Newton group. Differences for other outcomes, such as the incidence of alcohol use and marijuana use, were somewhat higher but again not statistically significant. These findings are consistent with qualitative data from site visits and focus groups, which have offered no evidence of systematic underreporting on the surveys.

Three limitations of this survey mode experiment should be noted, however. First, about one out of three students assigned to the Apple-Newton group completed the Wave 2 survey with either a pencil-and-paper instrument or by telephone. (Most of these students had left the study school in which they were originally assigned and could not be tracked and surveyed within the period that the Apple-Newtons were available).[2] Second, as a result of hardware limitations with the Apple-Newton, students taking the Apple-Newton survey were more likely to skip individual questions than were those taking the pencil-and-paper survey.[3] (For example, for the question on whether the respondent had ever had sex, only 3 students taking the pencil-and-paper survey skipped this question compared to 25 students using the Apple Newton. While this difference has the potential to undermine the equivalence of the two experimental groups, an examination of Wave 1 data between those skipping and not skipping this question showed no substantive

[2]Analytically, this group can be accounted for by using a "no-show" adjustment that scales the measured impact by the increase of the proportion actually receiving the treatment (that is, taking the survey with an Apple Newton). Aside from being able to measure the mode impact for only those who used the technology, the one downside from the adjustment is a loss of precision.

[3]In order to allow students to skip a question that they did not want to answer (or did not know the answer to), a response category of "don't know" had to be included as an explicit option on the Apple-Newton screen for each question. By including this option explicitly, the Apple-Newton raised the level of "don't know" responses above what would have taken place with the pencil-and-paper instrument.

differences between these two groups). Third, the experiment tested for the presence of underreporting due to a lack of privacy when taking the survey; it did not investigate other potential sources, such as students' more general concern about data confidentiality. Both groups received strong assurances that their responses would be kept confidential.

Overall, despite the study limitations, we concluded that there was no substantial benefit to adapting the more costly Apple-Newton technology. We plan to continue using the paper and pencil mode for the Wave 4 (along with telephone and in-person interviewing as necessary). In addition to keeping our cost per completed survey as low as possible, the planned survey mode places minimal training burden on respondents, and results in minimal item non-response. In addition, by keeping the administration mode constant across survey waves, we avoid mode effects and improve our ability to analyze the survey data longitudinally.

4. Efforts to Avoid Duplication of Effort

There are no other similar evaluations being conducted. Thus, the overall project represents a unique opportunity to address important social policy questions. Moreover, the data collection plan outlined in Table 3 reflects careful attention to the potential sources of information for this study with attention to the reliability of the information and the efficiency in gathering the information. It avoids unnecessary collection of information from multiple sources. Where similar information is being gathered multiple times or from multiple sources, it reflects information at a different point in time or a differential knowledge about a particular issue.

5. Sensitivity to Burden on Small Entities

The primary partner entities for the study are school districts and community-based service organizations. The information requested is the minimum required to meet the study objectives. The burden on schools and community-based organizations has been minimized both through the

careful specification of information needs and through the design of the data collection strategy, particularly the survey methods. All primary data collection will be coordinated by Mathematica Policy Research, Inc. (MPR) employees so as to reduce the burden on school and community-based organization employees.

Administrative procedures for the survey will vary by site (and possibly by school within the site), but in all cases the administration schedule and protocol will based on input from school personnel and designed to accommodate local preferences, conditions, and concerns. The length of the survey was intentionally limited to allow administration within a standard class period of 50 minutes. In most cases, the survey will be administered during class time or a study or lunch period. MPR survey administrators are able to administer the survey in batches during different periods, if necessary.

Selected school personnel will be asked for some assistance prior to the survey administration in addressing logistical issues related to this task. Because the bulk of the effort will be assumed by experienced MPR staff who are part of the evaluation team, we do not anticipate much of the burden falling on local school personnel. In cases where the survey is administered during class time, teachers may be released from class.

6. Consequences to Federal Program or Policy Activities if the Collection Is Not Conducted or Is Conducted Less Frequently than Proposed

Failure to collect the proposed Wave 4 survey data would prevent the successful completion of the congressionally mandated study. The Wave 1, Wave 2, and Wave 3 surveys currently being fielded do not allow us to assess the longer-term consequences of the programs in changing behaviors and outcomes. Because of the relatively young age of many sample youth enrolled in the programs, program impacts on behavioral outcomes related to sexual activity, for example, may not be observable in the short run. The proposed Wave 4 survey gathers

information 24 months to 5 years after sample enrollment on knowledge and attitudes proximate to behavioral outcomes, as well as the focal outcomes for the evaluation. At the time this survey is administered, sample youth will have reached an age when they will be making decisions about engaging in various risk behaviors.

With less frequent data collection, states and localities committed to abstinence-only education for their youth will continue to make program decisions in the absence of comprehensive information on the effectiveness of various program models and without the benefit of the significant operational experiences of the hundreds of programs being funded under Section 510.

7. Special Circumstances

There are no special circumstances.

8. *Federal Register* Announcement and Consultation

a. *Federal Register* Announcement

For *Federal Register* information, see the OS Certification Statement.

b. Consultation Outside the Agency

During preparation of all four waves of survey instruments, we have engaged the professional counsel of a large number of people. In addition to consulting with key government staff in HRSA, NICHD, CDC, OPA and ED early in the study planning, we solicited input from a broad range of researchers, particularly those who had studied abstinence-based education or other youth risk-reduction programs, including sending letters, making phone calls, and posting a notice on the Internet. Very importantly, we have regularly engaged the project's technical work group and a select group of consultants in a review of the overall study design, the data collection plan, and the specific survey instruments and site visit protocols

(Table 4). Our technical work group includes a number of the nation's leading researchers in this area, as well as national experts in survey design and administration.

c. Unresolved Issues

None.

9. Payment or Gift to Respondents

To encourage high response rates and to minimize survey tracking costs, we propose to offer modest tokens of appreciation to those whom we are unable to survey in the school setting or through standard attempts to contact by telephone. This includes those students who have moved out of the program service area and must be surveyed by phone or in-person. For this difficult-to-track group, we propose to offer tokens of appreciation valued at up to $20 to those who either take the initiative to call our toll-free survey telephone number or meet one-on-one with an MPR staff member to complete the interview. Prospective respondents and their parents are informed of our intent to pay them for their cooperation prior to completing the survey. For those who complete the interview in person outside of school, we pay cash. Those completing the interview by phone are sent a check promptly after completing the survey. We do not propose to make payments to those who complete the survey in school.

This strategy of providing tokens of appreciation for participation in the study draws on an extensive literature documenting its importance in achieving high levels of cooperation with surveys and other data collection, as well as our own prior experience conducting field data collection that is similar in scope to that required for this study. Research has shown, for example, that even modest expressions of appreciation not only increase the response rate to surveys and consent collection efforts, but also can lower the cost of data collection (see Singer 1999 and Singer and Kulka 1999). Research also shows monetary tokens produce significant

TABLE 4

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increases in response rates over non-monetary tokens of appreciation, such as a chance to win a lottery prize, or no token of appreciation at all (Gendall et al 1998; Everett et all 1997; Warriner et al 1996). In addition, research has shown that monetary tokens of appreciation do not encourage respondents to provide more favorable answers to subjective questions, as is sometimes the concern (Martinez-Ebers 1997). In terms of the amount of the monetary token of appreciation, research has shown that the response rate increases significantly as the amount increases, up to a point (James and Bolstein 1992).

In our Evaluation of the Dropout Demonstration (OMB # 1875-0079), response rates for students of high school age rose from 72 percent to 80 percent after the introduction of a $10 expression of appreciation during the follow-up surveys. In the Teenage Parent Demonstration (1986-1993) first follow-up survey (OMB # 0990-0185), when the token of appreciation increased from $10 to a graduated scheme of incentives starting at $20, response rates improved dramatically from 65 to 85 percent. (The graduated amounts were approved by OMB following a small empirical test of the policy.) In the National Job Corps Study's third follow-up survey (OMB # 1205-0360), response rates rose by 10 percent in the month following an increase in the token of appreciation from $10 to $25.

10. Confidentiality of the Data

Parents and students already have been fully informed of the information we intend to gather for study purposes, the ways in which those data will be used, and our policies and practices for protecting the confidentiality of those data (parental consent forms and student assent forms were included in and given approval in a previous submission for OMB clearance, OMB#0990-0233).

In December 2000, we received a Certificate of Confidentiality (HRSA-00-O15A), which was recently extended through 2005. A copy is enclosed in Appendix F.

Respondents receive information about confidentiality protection at the beginning of the interview, as part of the interviewers' introductory comments. Respondents are informed that all the information they provide will be kept confidential and that the results of the study will be presented only in aggregate form. Identifying information is *not* collected on the questionnaires themselves. Identifying and contact information is stored in secure files, separate from survey and other individual-level data.

The following safeguards are routinely employed by MPR to minimize the chance of any breach of confidentiality:

- All employees at MPR sign a confidentiality pledge that emphasizes the importance of confidentiality and describes their obligations.
- Access to sample selection data is limited to those who have direct responsibility for providing the sample and maintaining sample locating information. At the conclusion of the research, these data are destroyed.
- Identifying information is maintained on separate forms and files, which are linked to the interviews only by a sample identification number.
- Access to the file linking sample identification numbers with the respondents' identification and contact information is limited to a small number of individuals who have a need to know this information.
- Access to the hard-copy documents is strictly limited. Documents are stored in locked files and cabinets. Discarded material is shredded.
- Computer data files are protected with passwords, and access is limited to specific users. With especially sensitive data, the data are maintained on removable storage devices that are kept physically secure when not in use.

All interviewers are knowledgeable about confidentiality procedures and are prepared to describe them in full detail, if needed, or to answer any related questions raised by respondents. Moreover, project and school staff responsible for assisting MPR in the data collection are fully informed of MPR's policies and procedures regarding the confidentiality of data.

It is MPR's policy never to make individual student data we collect available to school or program personnel. We will make certain that all surveys are kept confidential, as described above, and that no student responses will be made available to anyone other than study team members, who will use them exclusively for the purposes of the study.

11. Additional Justification for Sensitive Questions

It is not possible to avoid sensitive questions in a study of programs designed specifically to alter youths' engagement in sexual activity and, secondarily, their use of drugs and alcohol. Thus, as in the Wave 1, Wave 2, and Wave 3 surveys, questions of a sensitive nature are included in the Wave 4 survey. Table 5 presents a justification for the sensitive questions.

Although these questions are sensitive, they are commonly, and successfully, asked of youths similar to those who will be in the study. Table 6 summarizes the response rates to these and other similarly sensitive questions on other major surveys, including the Adolescent Health Survey (Add Health) and the Youth Risk Behavior Surveillance System Survey (YRBSS). Certain questions may be deleted prior to survey administration in some sites, however, if these questions are determined to be inconsistent with a local program's goals.

12. Estimates of Hour Burden

Table 7 displays respondent burden time estimates for the study. The total burden for the Wave 4 survey effort is 1,285 hours. Based on past experience with such longitudinal surveys, we expect a response rate of 80 percent for the Wave 4 follow-up, or a total of 2,569 completed surveys. Based on pretest results, we estimate that the survey will take an average of 25 to 30 minutes to complete. The total estimated burden for the project, including instruments cleared previously is 7,291 hours (see Table 8).

TABLE 5

SENSITIVE QUESTIONS

Topic	Justification
▸ Intentions regarding sexual activity	Intentions regarding engaging in sex and other risk-taking behaviors are an extremely strong predictor of subsequent behavior (Miller et al. 1998). Intentions are strongly related to behavior and will be an important mediator predicting behavior change.
▸ Sexual intercourse	A primary goal of the Section 510 program is to promote sexual abstinence among youths. The expected intervention strategies and outcomes differ between those youths who have previously had sexual intercourse and those who have not. Thus, it is critical that we obtain this information from youths, both at baseline and at followup.
▸ Contraceptive use	A primary goal of the Section 510 program is to promote sexual abstinence among youths, exclusive of encouragement or support for contraception. Thus, it is critical that we understand whether and how the intervention strategies are affecting this behavioral outcome.
▸ Sexually transmitted diseases	One major rationale for promoting abstinence is to reduce the physical harm associated with sexually transmitted diseases.
▸ Pregnancy	A primary goal of the Section 510 program is to reduce the rates of teen pregnancy and birth.
▸ Drug and alcohol use	There is a substantial body of literature linking various high-risk behaviors of youth--particularly drug and alcohol use, sexual intercourse, unprotected sexual intercourse, and involvement in crime. The effectiveness of various program strategies is expected to differ for youths who are and are not experimenting with or using drugs and alcohol (see Mott 1996; Moore et al. 1995b; Donovan and Jessor 1985; Elliot and Morse 1989; Rodgers and Rowe 1990; and Ketterlinus et al. 1992).

TABLE 6

RESPONSE RATES TO SENSITIVE QUESTIONS

Survey	Mode	Question	Item Response Rate (%)
Sex and Pregnancy			
Add Health Students in grades 9-12	Audio CASI	"Have You Ever Had Sexual Intercourse?" (Q1, S24)	99.2
Youth Risk Behavior Surveillance System (OMB 0920-0416) Students in grades 9-12	Self-Administered	"Have You Ever Had Sexual Intercourse?"	97.0[a]
		"How Many Times Have You Been Pregnant or Gotten Someone Pregnant?"	98.6[a]
School Dropout Demonstration Assistance Program Evaluation (OMB 1875-0090) Students 14 and older	Self/Phone/ Field	"Since July 1 of Last Year, I Became Pregnant or I Got a Girl Pregnant."	93.5
Alcohol and Drug Use			
Add Health Students in grades 9-12	Audio CASI	"Have You Had a Drink of Beer, Wine, or Liquor More than Two or Three Times in Your Life?" (Q12, S28)	99.3
		"During Your Life, How Many Times Have You Used Marijuana?" (Q31, S28)	98.9
Youth Risk Behavior Surveillance System (OMB 0920-0416) Students in grades 9-12	Self-Administered	"How Old Were You When You First Had a Drink of Alcohol?"	91.6[a]
		"How Old Were You When You Tried Marijuana for the First Time?"	98.8[a]
		"How Old Were You When You Tried Any Form of Cocaine for the First Time?"	99.0[a]
School Dropout Demonstration Assistance Program Evaluation (OMB 1875-0090) Students 14 years and older	Self/Phone/Field	"Have You Ever Had a Drink That Contained Alcohol?"	96.5
		"Have You Ever Smoked Marijuana or Hashish?"	96.2

TABLE 6 *(continued)*

Survey	Mode	Question	Item Response Rate (%)
Contraceptive Use			
Add Health Students in grades 9-12	Audio CASI	"Did You or Your Partner Use Any Method of Birth Control the First Time You Had Sexual Intercourse?" (Q3, S24)	99.4
Youth Risk Behavior Surveillance System (OMB 0920-0416)	Self-Administered	"The Last Time You Had Sexual Intercourse, Did You or Your Partner Use a Condom?"	96.0[a]
Students in grades 9-12		"The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?"	95.3[a]
Sexually Transmitted Diseases			
The 1998 Kaiser Family Foundation/*Glamour* Survey of Men and Women on Sexually Transmitted Diseases	Phone	"Have you ever been tested for any sexually transmitted diseases?"	99.0
		"Have you ever had a STD?"	100.0
1995 National Survey of Family Growth, Cycle V	CAPI/Audio-CASI	"In the past 12 months have you had testing or treatment for some STD [other than HIV/AIDS]?"	100.0

SOURCE: Calculations based on public-use file documentation. Add Health data are found on www.cpc.unc.edu/addhealth.cudebkl.html.

[a]The Youth Risk Behavioral Surveillance System reports missing responses but does not indicate whether respondents refused or were missing for other reasons.

TABLE 7

ESTIMATED RESPONDENT BURDEN, WAVE 4 SURVEY

	Sample Size	Response Rate	Number of Respondents	Individual Respondent Burden (hours)	Total Respondent Burden (hours)
Total	**3,211**	**0.80**	**2,569**	**0.50**	**1,285**
MS	849	0.80	**679**	0.50	**340**
SC	709	0.80	**567**	0.50	**284**
FL	598	0.80	**478**	0.50	**239**
WI	504	0.80	**403**	0.50	**202**
VA	551	0.80	**441**	0.50	**221**

TABLE 8

ESTIMATED TOTAL RESPONDENT BURDEN FOR THE ACTIVE STUDY SAMPLE[a]

	Number of Active Study Participants
Sample Intake	**3,211**
MS	849
SC[b]	709
FL	598
WI	504
VA[c]	551

Data Collection and Site	Number of Respondents	Response Rate	Individual Respondent Burden (hours)	Total Respondent Burden (hours)
Wave 1 Survey	**3,049**	**0.95**	**0.75**	**2,287**
MS	816	0.96	0.75	612
SC	693	0.98	0.75	520
FL	540	0.90	0.75	405
WI	461	0.91	0.75	346
VA	539	0.98	0.75	404
Wave 2 Survey	**2,971**	**0.93**	**0.75**	**2,228**
MS	809	0.95	0.75	607
SC	657	0.93	0.75	493
FL	549	0.92	0.75	412
WI	439	0.87	0.75	329
VA	517	0.94	0.75	388
Wave 3 Survey	**1,992**	**0.79**	**0.50**	**996**
MS	734	0.86	0.50	367
SC[b]	----		-----	
FL	454	0.76	0.50	227
WI	335	0.66	0.50	168
VA	469	0.85	0.50	235
Wave 4 Survey	**2,569**	**0.80**	**0.50**	**1,285**
Executive Interviews[c]	**330**	**1.00**	**1.50**	**495**
Total Respondent Burden		**----**	**----**	**7,291**

[a]Figures for the Wave 1, 2, and 3 survey respondent burden hours are based on actual numbers of surveys administered. Figures for Wave 4 are estimated.

[b]Because of their later entry into the study, sample members in South Carolina were not administered a Wave 3 survey but will be surveyed in the Wave 4 survey.

[c]Executive interviews are conducted with program and school staff.

13. Estimate of Total Annual Cost Burden to Respondents or Record-Keepers

None

14. Estimates of Annualized Cost to the Federal Government

The estimated cost to the federal government of the Section 510 Abstinence education program evaluation—including designing and administering the baseline and follow-up surveys, processing and analyzing the data, and preparing reports summarizing the results—is $6.9 million. The surveys and associated activities will be carried out over an eight year period. Thus, the average annual cost of the surveys and analysis is $875,000.00. This estimate is based on MPR's previous experience managing other research and data collection efforts of this type.

15. Reasons for Program Changes or Adjustments

This is a new project.

16. Plan for Tabulation and Publication and Schedule for Project

a. Tabulation Plans

Our approach to addressing the research questions discussed in Section A and summarized in Table 3 above entails three complementary, analytic methods in the study: (1) descriptive trend analysis; (2) traditional impact and behavioral analysis; and (3) implementation and process analysis. The final study reports will incorporate findings from all three components.

Descriptive (Trend) Analysis. A descriptive analysis of trends in key outcomes and contextual factors in each of the program sites, as well as for the nation, will allow the study team to place the program impact findings in the context of national behavior and outcome trends. The national trend data will come from various sources, including vital records; the YRBSS (where available); and sources such as the current population survey, school districts and state education departments, and state and local health, welfare, and employment departments.

In addition, we will assemble descriptive data on the local program sites using the local surveys (where available), program data, and published data. In designing this study component, we will pay particular attention to collecting and analyzing those data that are especially relevant to the goals of the program and behavioral change process implied by the program model (see Figure 1).

Impact Analysis and Behavioral Modeling. Random assignment allows us to generate unbiased estimates of the impact of abstinence-only education on a given outcome through computing simple differences of means between the program and control groups. Operationally, these differences in treatment and control group means may be estimated through a simple regression model or standard *t*-test programs. Alternatively, the outcome of interest could be the *change* in a given outcome—frequency of sexual activity, level of self-esteem, tobacco and alcohol use—between the baseline interview and the follow-up interview(s). The impact estimate in this case would be based on the treatment-control difference in the average change.

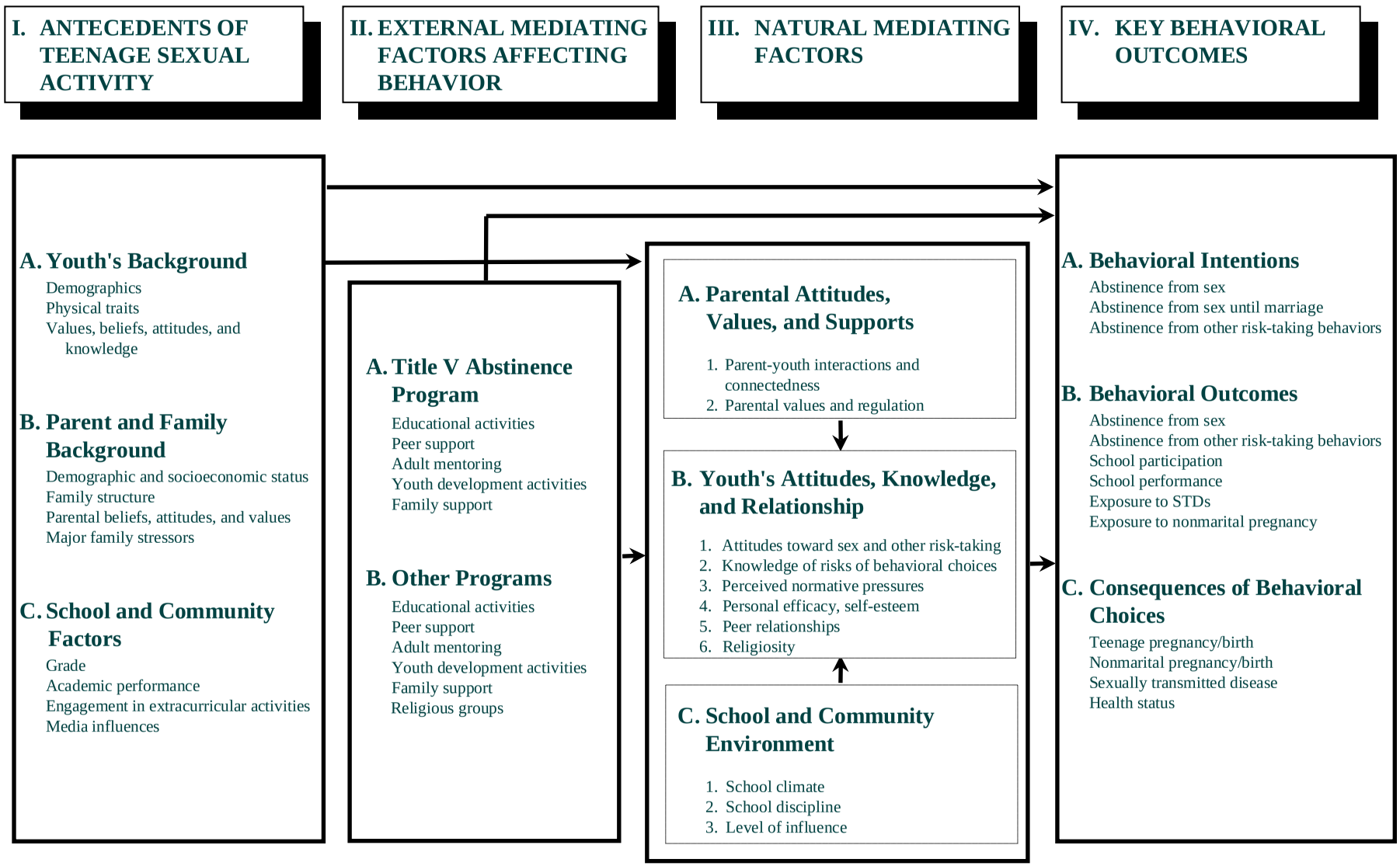
Regression models generally are straightforward to specify, easy to estimate, and have desirable statistical properties. A conventional regression model of an outcome *Y*, for example, relates the value of *Y* as a linear function of a set of explanatory variables (*X*), whether the sample member is in the program (*T*), and unobserved factors summarized as a random variable (ε), which generally is assumed to be distributed normally with mean zero and standard deviation σ:

$$Y = X\beta + \gamma T + \varepsilon.$$

In this model, data would be used to estimate the parameters β, γ, and σ by conventional least-squares techniques, using a standard software package. The key parameter for the evaluation is γ, the program effect (also called "program impact" or "treatment effect").

FIGURE 1

CONCEPTUAL FRAMEWORK FOR EVALUATING ABSTINENCE EDUCATION PROGRAMS



Regression models provide a flexible, powerful tool for estimating a wide range of program effects for many types of outcomes. For example, a regression model for estimating program effects for subgroups, defined by whether a sample member has some characteristic *S* (such as whether the sample member is older than 14, for example), can be specified by interacting the treatment-group variable *T* and the subgroup defining variable *S*:

$$Y = X\beta + \gamma T + \upsilon(S*T) + \varepsilon,$$

where the program effect for the subgroup of interest is now ($\gamma + \upsilon$), the first term because the sample member is in the treatment group and the second term because the sample member also is in the subgroup of interest. Conventional *t*-tests can be used to determine whether the subgroup effect is statistically significant.

When outcomes have discrete values, the somewhat more complex regression models must be estimated. For example, an important outcome the evaluation will examine is whether a sample member becomes sexually active, which would have a value of 0 for "no" or a value of 1 for "yes." For these types of outcomes, the statistical properties of simple linear regression models are inferior to those of discrete-choice models, such as logistic regression models. A logistic regression model specifies the probability that a sample member has a value of 1 for the outcome variable as:

$$\text{probability}(Y = 1) = \frac{1}{1 + e^{X\beta + \gamma T + \varepsilon}},$$

where the parameters have the same definitions as in the previous simple regression model and *e* is the base of the natural logarithms. Although more complex in structure, the logistic model becomes similar to a linear regression model by transforming the outcome:

$$\log \frac{\text{probability}(Y = 1)}{\text{probability}(Y = 0)} = X\beta + \gamma T + \varepsilon,$$

Parameters of logistics models generally are estimated using maximum-likelihood techniques and standard software programs. Program effects for subgroups can be estimated using the same specification described above for linear regression models, in which a subgroup indicator *S* is defined and interacted with the treatment-group indicator *T* and entered as a separate variable in the model.

Process Analysis. Process analysis presents the challenge of combining information that is often unstructured and loosely organized at its source with a systematic approach to analysis and inference. Two guiding principles must be followed:

- ***Create Data Structure in Advance, and Use It to Create a Database.*** All sites, despite their diversity, must be observed through a consistent lens. Preparation for site visits must include (1) a consistently defined set of descriptive variables and terms that can be used by all site visit staff; and (2) consistently stated analytical issues, so that all staff probe for answers to comparable underlying questions about programs and their operation. After visits, information can be used to create a useful database, with both structured data and supplementary "issue notes."
- ***Triangulate Sources and Perspectives.*** Because of the complexity of process analysis data and the often fluid nature of on-site data collection and respondent expression, it is critical that findings be based on mutually confirming lines of evidence. One staff member's description of how the intervention works should be compared both to how community leaders perceive it and to observation. For some issues, school or program documents can be compared to staff or participant views.

Analysis proceeds in steps. We will first analyze specific implementation issues, not only describing particular aspects of the programs' operations and structure, but focusing on what appear to be critical distinctions between effective and ineffective approaches. In these analyses, the structured-database and multiple-perspective approaches will be applied.

In general, our analysis and reports will be guided by the "theory of change" articulated by each program. We will focus on how the program delivers its services and then examine how external factors and program organization and structure affect services, including how the funding mechanisms and the relationship between the program and other local and state organizations interact. As a last step, we will examine how these factors and influences might affect the quality of the programs, outcomes achieved, and estimated impacts, in the case of targeted initiatives. This finally will lead us to both case reports and broadly focused lessons and recommendations concerning program design and broader local, state, and federal policy decisions.

Our approach to analysis will shape our reports. The implementation chapter of the interim report will focus on program structure, operations, key implementation issues, lessons for improving implementation, and outstanding implementation issues. For the targeted initiatives, a similar chapter in the final report will go further, linking the structure and processes implemented by the program with the impact estimates of the evaluation. It will also include an overall assessment of abstinence-only education programs in the context of PRWORA, welfare reform in general, and risk-reduction education programs for youth.

b. Publication Plans

There will be two major evaluation reports coinciding with the follow-up data collection. The first major report on program impacts and program context, based on a four- to nine- month follow-up survey, is scheduled to be completed in late 2004. The second and final major report will be completed in 2006. In addition, we prepared an interim report to Congress that focused on program implementation, and we will prepare up to two special policy reports focusing on

important topics identified during the research period. No publication plans or timelines are in place for these special reports.

c. Time Schedule

The timeline for the remainder of the evaluation is shown as Figure 2. A short-term impact report will be completed in late 2004. The Wave 3 data collection was completed in Summer 2004. Wave 4 data collection will be conducted and completed in Spring/Summer 2005, and a final report will be prepared in 2006.

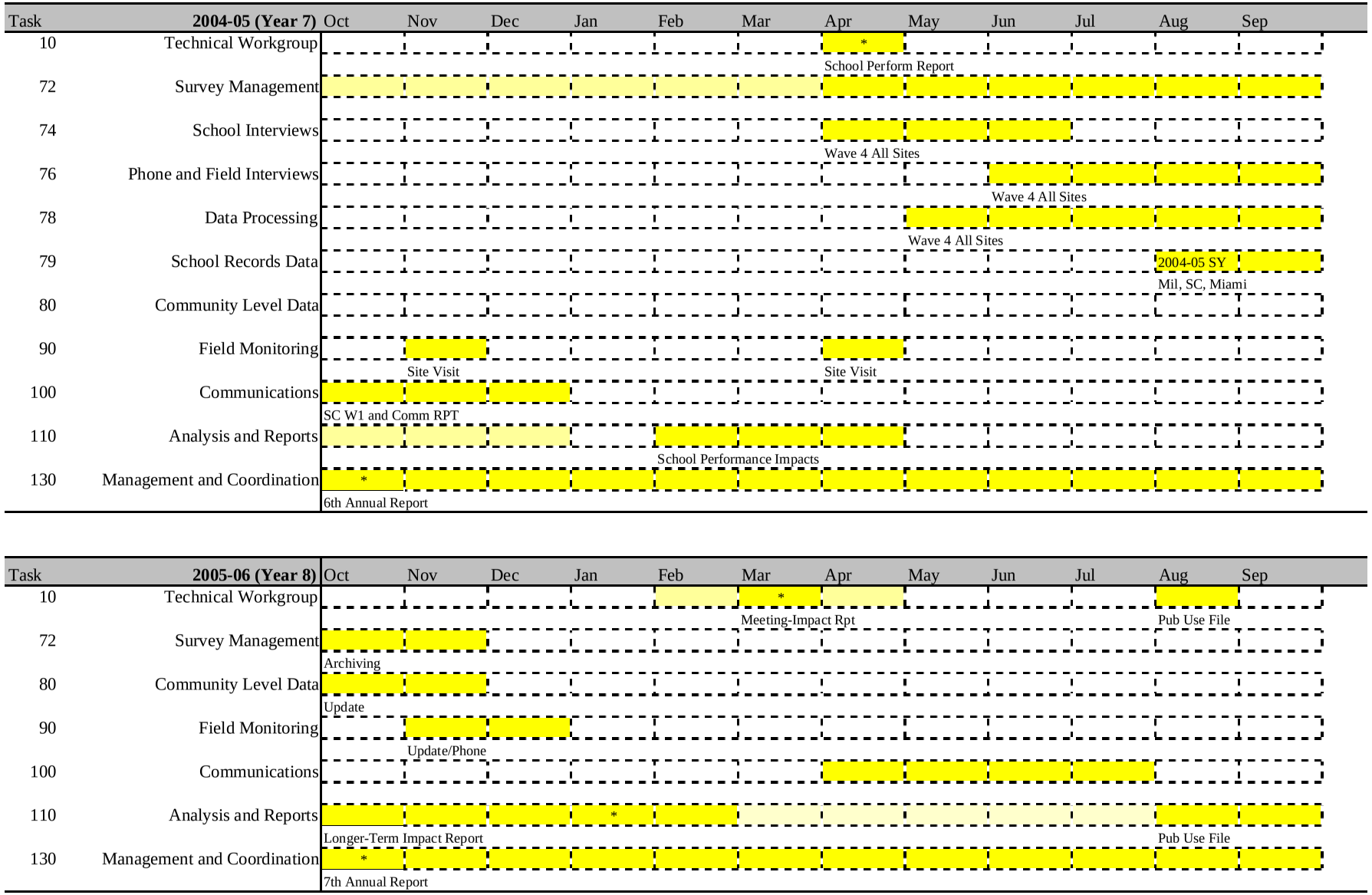
17. Approval Not to Display the Expiration Date for OMB Approval

Approval not to display the expiration date for OMB approval is not requested.

18. Exception of the Certification Statement

Exception of the certification statement is not requested.

Figure 2
Schedule of Title V, Section 510 Abstinence Education Evaluation Tasks, Years Seven and Eight (October 2004-September 2006)



B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

The respondent universe for the study consists of students enrolled in each of the five targeted programs. Enrollment into the study took place over three successive years: 1999, 2000, and 2001, and relied on active parental consent for youth participation in all sites. Enrollment procedures for each program varied, and were as follows:

Mississippi (MS): The sample universe included all fifth grade students from five schools offering the Teens in Control program. Half were randomly assigned to receive the program, and half were randomly assigned to a control group, which received minimal health education material. Ninety percent of the parents from the sample universe agreed to allow their child to participate in the random assignment procedures, program, and data collection activities.

South Carolina (SC): The sample universe included all sixth grade students from three middle schools and all ninth grade students from one high school who were interested in the Heritage Keepers program, which included abstinence education and a character club. Once interest was indicated, students were then randomly assigned to either receive the abstinence education program as well as participate in a special character club, or placed in the control group which only received the abstinence education program. One hundred percent of parents from this sample universe agreed to allow their child to participate in the random assignment procedures, program, and data collection activities.

Florida (FL): The sample universe included all sixth through eighth grade girls in six middle schools who were identified by school staff as appropriate participants for the ReCapturing the Vision program, based on measures of risk behavior. Schools identified twice as many girls as this elective class could accommodate. Once students were identified, they

were then randomly assigned to either receive the program, or placed in another elective class on any other topic. Ninety percent of parents from the sample universe agreed to allow their daughters to participate in the random assignment procedures, program, and data collection activities.

Wisconsin (WI): The sample universe included all third through eighth grade students in five elementary or middle schools who were interested in participating in an after-school program. Once interest was indicated, students were then randomly assigned to either receive the after-school program (Families United to Prevent Teen Pregnancy) or placed in the control group and could participate in any other after-school program if desired. Ninety-eight percent of parents from the sample universe agreed to allow their child to participate in the random assignment procedures, program, and data collection activities.

Virginia (VA): The sample universe included all eighth grade students from one middle school offering the My Choice, My Future! program. Half were randomly assigned to receive the abstinence education program, and half were randomly assigned to a control group which received the school's regular health education program. Ninety-two percent of the parents from the sample universe agreed to allow their child to participate in the random assignment procedures, program, and data collection activities.

2. Statistical Methods for Sample Selection and Degree of Accuracy Needed

The programs that have been invited to participate in the national evaluation differ in terms of their program models, geographic contexts, and stage of implementation (see in Section A). Consequently, separate analyses will need to be conducted for each program. The minimum size sample required for analysis of any targeted program model is about 500 youth randomly divided between program and control groups. However, in some cases with programs of modest

strength, larger sample sizes (around 750) are required to detect the smaller program impacts expected.

a. Methods for Selecting the Sample

The programs invited to be part of the evaluation of targeted initiatives have been selected based, in part, on the condition that students eligible for the study programs will be randomly assigned to the abstinence-only education program or to a regular service control group. Generally, about half of the eligible students are selected for the program group and the others not. However, variants in the random selection process are to address local programmatic concerns. For example, in some cases, the assignment has been *unbalanced* between the program and control groups to accommodate the number of program openings relative to the size of the pool of eligible youth. For any given total sample size, unbalanced designs are less powerful than balanced designs. However, they can alleviate program concerns about filling up program slots or managing excess demand for services. Program assignment also has sometimes been done at different rates for high-risk or low-risk students. For example, some programs requested that we have higher probabilities of selection for the treatment group for "especially needy" youth relative to those judged to be "lower risk." In our five participating sites, selection probabilities have typically ranged between 1:3 and 3:1 participants:controls. For each group of assignments, we record the selection probability in the data base and subsequently use this information to create sample selection weights that are proportional to the inverse of the selection probability rate. These rates are used in the analysis.

b. Estimation Procedures

Estimation procedures are described in Section A.16, under tabulation plans. A powerful argument for using random assignment is that differences in average outcomes between the

treatment group and the control group provide unbiased estimates of program impacts. With large samples and use of multivariate statistical techniques such as those described in Section A.16, the impact estimates also will be relatively reliable.

For some intermediate outcomes, such as locus of control or intentions to engage in sex before marriage, both a baseline and a follow-up measure will be available, allowing the evaluation to use more powerful "difference of differences" estimators of program effects. When baseline and follow-up measures are available, the difference in the outcome between baseline and followup for each sample member is averaged over the full study sample. The average differences then are compared for the treatment group and the control group. Regression models also can be used as "difference of differences" estimators, by using baseline measures of outcome variables as explanatory variables in the outcome regressions. Generally, these models have high levels of precision because the baseline measure explains a large proportion of the follow-up measure and program effects stand out more clearly.

Our primary measures of effectiveness will be actual behaviors themselves, such as teenage sex, condom use, and pregnancy. However, it also is important for us to measure program impacts on intentions to engage in sex and their attitudes about sexual activity insofar as these intentions and attitudes have been found to be extremely strong predictors of subsequent behaviors. Given the relatively young ages of many of the youth when they are first targeted by the Title V abstinence education programs (11 to 13), these intermediate outcomes still may be all that will be observable by the end of the study period for the youngest sample members.

c. Degree of Accuracy Needed for Purpose Described in Justification

Program evaluations need adequate sample sizes to detect program impacts. Previous evidence has found a wide range of program effects, from small or no effects to very large

effects (on the order of one standard deviation or more) for important outcomes such as the proportion of students who ever have had sex by age 15. The optimal sample size depends on two programmatic and policy-linked considerations: (1) the desired statistical power and confidence for the impact estimates, and (2) the expected size of program impacts and minimum size impact that is of policy relevance. The planned sample size assumes that we will tolerate at most a 5 percent probability of wrongly concluding the program had an effect when, in fact, it did not (95 percent confidence that differences reported as program impacts reflect true program impacts) and, at most, a 20 percent probability that we will fail to conclude that the program had an impact when, in fact, it did make a difference (80 percent power to detect an impact when it occurs).

The minimum sample size requirements also depend on some statistical and analytic considerations: (1) the variance of the outcome being considered, (2) the number of students completing baseline and follow-up questionnaires, and (3) the analytic methods used to estimate impacts. The variance in the outcome measures is given. However, we can increase the power of our analysis or decrease sample size requirements through collecting baseline data that can be used in statistical analyses to reduce the unexplained variance in the outcome measures. We also use survey tracking procedures to minimize sample loss from survey nonresponse.

Consistent with the guidelines and survey procedures noted above, we have worked toward samples of about 500 students divided randomly into treatment and control groups (and assuming a 90 percent survey response rate at followup) in the sites with the most intensive interventions and samples of about 750 students for the least intensive programs in the study (Table 9). As seen in Table 10, these sample sizes support detection of program impacts ranging from .21 standard deviations for the most intensive programs to .17 for the least intensive programs in the study.

TABLE 9

ANALYSIS SAMPLE SIZES, BY SITE

	Participants	Controls	Total
Wave 2 Data	**1,703**	**1,268**	**2,971**
MS	433	376	
SC	342	315	
FL	309	240	
WI	287	152	
VA	332	185	
Wave 3 Data	**1,178**	**814**	**1,992**
MS	393	341	
SC	---	---	
FL	262	192	
WI	226	109	
VA	297	172	
Wave 4 Data	**1,463**	**1,105**	**2,569**
MS	360	319	
SC	294	273	
FL	270	208	
WI	261	142	
VA	278	163	

Note: These figures reflect a 97 percent response rate on the Wave 2 survey, an 83 percent response on the Wave 3 survey and a (projected) 80 percent response rate on the Wave 4 survey.

TABLE 10

MINIMUM DETECTABLE IMPACTS FOR TARGETED EDUCATION PROGRAMS

Sample Size	Full Sample				50 Percent Subgroup Sample			
	Effect Size	Percentage Change if Mean of Outcome Is:			Effect Size	Percentage Change if Mean of Outcome Is:		
		.50	.25	.05		.50	.25	.05
200	.33	16.6	14.4	7.2	.47	23.5	20.3	10.2
300	.27	13.6	11.7	5.9	.38	19.2	16.6	8.4
400	.24	11.7	10.2	5.1	.33	16.6	14.4	7.2
500	**.21**	**10.5**	**9.1**	**4.6**	**.30**	**14.9**	**12.9**	**6.5**
750	**.17**	**8.6**	**7.4**	**3.7**	**.24**	**12.2**	**10.5**	**5.3**

NOTE: All calculations assume a one-tail *t*-test with a 5 percent level of significance and 80 percent power, a regression R^2 value of .20, and a follow-up rate of 90 percent. Random assignment is assumed to be balanced (half the students in the treatment group and half the students in the control group). The formula used to calculate the detectable effects is:

$$2.49\,\sigma\sqrt{(1-R^2)\left(\frac{1}{N^T F^T - 1} + \frac{1}{N^C F^C - 1}\right)},$$

where *N* is the number of students, *F* is the follow-up response rate, *T* indicates the treatment group, and *C* indicates the control group.

Minimum detectable impacts are larger for 50 percent subgroups of students. For example, the minimum detectable impact for an outcome with a mean of 50 percent is .24 standard deviations, for a sample size of 400 and .33 standard deviations for a sample of 200.

d. Unusual Problems Requiring Specialized Sampling Procedures

No unusual problems requiring specialized sampling procedures are expected for this evaluation.

e. Use of Periodic Data Collection Cycles to Reduce Burden

This OMB submission requests clearance for the Wave 4 (third follow-up) survey. Selected questions are repeated from the Wave 2 and Wave 3 surveys to measure changes in outcomes or mediating factors over time.

3. Methods to Maximize Response Rates and to Deal with Nonresponse

We achieved a 95 percent response on the Wave 1 (baseline) survey. This is in large part because we have strong cooperation from the schools (and written approval from the districts) and because surveys are administered during the school day. In the small handful of cases where students have extended periods of absence or whose schedules do not coincide with the survey administration for one reason or another, field staff go to students' homes to administer the survey, or conduct it via telephone. For the Wave 2 (first follow-up) survey, we had an overall response rate of 93 percent, and for the Wave 3 (second follow-up) survey, we had a 79 percent overall response rate. This comparatively low response rate of 79 percent in Wave 3 was primarily driven by the lower response rates in two sites in particular: Milwaukee, Wisconsin (66 percent response rate in Wave 3) and Miami, Florida (75 percent response rate in Wave 3). In Milwaukee, families can exercise choice in school selection throughout the entire city and, as a result, the mobility rate of students between schools is very high. We had cooperation from the

district in locating students but found that their information on students' whereabouts was often outdated. Because we had not anticipated such a high mobility rate, coupled with poor district information, the school year ended before we were able to locate many of the study students. Field staff attempted to track down as many as possible over the summer, but with only partial success. To address these problems for Wave 4, we plan to meet with district staff in fall 2004 and discuss the best possible way/source of information for determining the current school enrollment information on each student in our sample. We also will begin data collection several weeks earlier than we did for Wave 3. In Florida, we also faced the challenges of a high mobility rate once students reached the higher grades of high school. To address this, we have already asked our contact in the district who provides us with school records data to also give us the name of each sample member's current school, so that we have more accurate locating information.

For the Wave 4 (third follow-up) survey then, we anticipate an 80 percent overall response rate. For students we are unable to survey in their original schools, we will attempt to locate and interview them through other means. We typically make up to three visits to the school to complete surveys in school when there are three or more sample members enrolled. Otherwise, we attempt to complete the survey via telephone. If a survey cannot be completed by telephone and there is a reasonable expectation that it can be completed in person, the case is referred to a local field interviewer. There is no absolute limit to the number of contact attempts we make. We persist until the "trail runs cold" or our time for data collection is over.

We are confident of our ability to achieve high individual item response rates, based on experiences in prior surveys with youths administered in similar settings and asking the same range of questions (see also, Table 6). Most questions in the Wave 4 survey instrument were included in the Wave 2 and Wave 3 surveys. They also are largely of items that have been tested

in previous studies such as the NELS second follow-up questionnaire (OMB No. 1850-0652), the National Longitudinal Survey of Youth (OMB No. 1220-0157), and YRBSS (OMB No. 1875-0090).

4. Tests of Procedures and Methods to Be Undertaken

A pretest of the Wave 4 (third follow-up) survey was conducted, for two purposes: (1) to identify typical instrumentation problems, such as question wording, sequencing, and incomplete or inappropriate response categories; and (2) to measure respondent burden. With respect to the latter, our goal was to develop a questionnaire that could be administered in 45 minutes or less.

A pretest sample included 9 students ages 13 to 17 who are affiliated with a nearby program serving homeless families revealed no administrative problems that could not be addressed easily. The average time to complete the survey was approximately 25 minutes. A number of minor question wording problems were identified and addressed as a result of the pretest.

5. Individuals Consulted on Statistical Aspects of the Design

The following persons were consulted on statistical aspects of the study design:

Gary Burtless, Ph.D., The Brookings Institution	202-797-6130
Judith Gueron, Ph.D., Manpower Demonstration Research Corporation	212-532-3200
Robinson Hollister, Ph.D., Swarthmore College	610-328-8105
Lorenzo Moreno, Ph.D., Mathematica Policy Research, Inc.	609-936-2766
David Myers, Ph.D., Mathematica Policy Research	202-484-4523
Christopher Trenholm, Ph.D., Mathematica Policy Research, Inc.	609-936-2796

All data will be collected and analyzed by employees of MPR and the University of Pennsylvania.

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OMB No.:
Expiration Date:

BARCODE LABEL

TEEN ACTIVITIES AND ATTITUDES STUDY

WAVE 4 QUESTIONNAIRE

Version 3

FEMALES, GRADE 7 AND ABOVE

CONFIDENTIALITY

We want you to know that:

1. **We are asking you these questions in order to gather information about knowledge, attitudes, beliefs, and behaviors around issues that affect people your age.**

2. **You may skip any questions you do not wish to answer. However, we hope that you will answer as many questions as you can.**

3. **Your responses will be combined with those of other students, and the answers you give will never be identified as yours.**

Mathematica Policy Research, Inc.
Princeton, NJ

GENERAL INSTRUCTIONS

PLEASE READ EACH QUESTION CAREFULLY. There are different ways to answer the questions in the survey booklet. It is important that you follow the instructions when answering each kind of question. Here are some examples:

1. MARK (X) ONE

What is the color of your eyes?

Mark (X) one

1 ☒ Brown
2 ☐ Blue
3 ☐ Green
4 ☐ Another color

If the color of your eyes is brown, you would mark ✖ in the first box as shown

2. MARK (X) ONE

What is the color of your hair?

Mark (X) one

1 ☐ Brown
2 ☐ Black
3 ☐ Blond
4 ☐ Red
5 ☒ Some other color - What? purple

If the color of your hair is purple, you would mark ✖ in the last box "Some other color" and write the word "purple" in the blank as shown

3. BLANK LINES

If a question has only line(s) for you to write an answer, write your answer in the space provided.

14. What is the name of the school you are currently attending?

_____

4. MARK ALL THAT APPLY

Do you plan to do any of the following next week?

Mark (X) all that apply

1 ☒ Rent a videotape
2 ☒ Go to a baseball game
3 ☐ Study at a friend's house

If you plan to rent a videotape and go to a baseball game next week, you would mark ✖ each box as shown

GENERAL INSTRUCTIONS

5. QUESTION WITH A SKIP

1. Do you ever eat chocolate?

Mark (X) one

0 ☐No → **GO TO 3**

1 ☒Yes

2. Do you always brush your teeth after eating chocolate?

Mark (X) one

0 ☐No

1 ☒Yes

3. Did you do any of the following last week?

Mark (X) all that apply

1 ☒Went to a play

2 ☐Went to a movie

3 ☒Attended a sporting event

Because you answered "Yes," you continue to question 2. After you answer question 2, you will answer question 3.

If you answered "No" to question 1, you would skip question 2 and go right to question 3.

SECTION 1: DAILY ACTIVITIES AND SCHOOL

Thank you for agreeing to help us with this important study. This information will help us understand what things are like today for people your age. Your answers are confidential. Your name will not be on the questionnaire. Please answer all questions as best as you can.

The first questions ask about how you spend your time and things you like to do.

1.1 During the past week, how many times did you do each of the following . . .

MARK (X) ONE ANSWER FOR EACH	**NOT AT ALL**	**1 OR 2 TIMES**	**3 OR 4 TIMES**	**5 OR MORE TIMES**
a. Watch television or videos, or play video games?	1 ☐	2 ☐	3 ☐	4 ☐
b. Go rollerblading, skate boarding, biking, or something like that?	1 ☐	2 ☐	3 ☐	4 ☐
c. Play an active sport like basketball, soccer, field hockey, baseball, or football?	1 ☐	2 ☐	3 ☐	4 ☐
d. Do exercise like jogging, walking, karate, dancing, or swimming?	1 ☐	2 ☐	3 ☐	4 ☐
e. Hang out with friends?	1 ☐	2 ☐	3 ☐	4 ☐
f. Hang out with a boyfriend?	1 ☐	2 ☐	3 ☐	4 ☐

1.2 In an average week during the school year, how many hours do you spend working at a job for pay?

MARK (X) ONE

0 ☐ Don't have a job

1 ☐ Up to 4 hours per week

2 ☐ 5 - 10 hours

3 ☐ 11 - 20 hours

4 ☐ 21 or more hours

1.3 During this school year, how many times did you skip school for a full day without an excuse?

_____ NUMBER OF TIMES

1.4 On weekdays, how many hours a day do you usually watch TV? Don't count weekends.

MARK (X) ONE

0 ☐ Don't watch TV during the week

1 ☐ Less than 1 hour a day

2 ☐ 1 – 2 hours

3 ☐ 3 – 4 hours

4 ☐ 4 – 5 hours

5 ☐ 6 hours or more

1.5 What are the names of your three favorite television shows?

#1: _____

#2: _____

#3: _____

1.6 What are the names of your three favorite musical artists?

#1: _____

#2: _____

#3: _____

The following questions are about any classes or special programs you might have participated in during the last year that talked about sexual activity and health.

1.7 In the past year, did you take a class or participate in a special program that talked about any of the following things? These could be classes that you took in school or someplace else.

MARK (X) ONE ANSWER FOR EACH	**YES**	**NO**
a. The female menstrual cycle—that is, the monthly cycle or period?	1 ☐	0 ☐
b. Physical development and puberty?	1 ☐	0 ☐
c. Dating?	1 ☐	0 ☐
d. Marriage and family life?	1 ☐	0 ☐
e. The human body/reproduction/how girls get pregnant?	1 ☐	0 ☐
f. Ways people who have sex can prevent making babies?	1 ☐	0 ☐
g. Abstinence—that is, <u>not</u> having sexual intercourse?	1 ☐	0 ☐
h. How to say “no” to sex?	1 ☐	0 ☐
i. Sexually transmitted diseases (STDs)?	1 ☐	0 ☐
j. Ways to show someone you care about them?	1 ☐	0 ☐
k. How to talk with parents?	1 ☐	0 ☐
l. How to stand up for yourself/assertiveness skills?	1 ☐	0 ☐
m. How to resist peer pressure to do things you don’t want to do?	1 ☐	0 ☐
n. Alcohol and/or drug use?	1 ☐	0 ☐

SECTION 2: ATTITUDES AND EXPERIENCES

The first few questions below ask for your opinions on issues related to sexual intercourse.

2.1 Does having sexual intercourse as a teenager make it harder for someone to study and stay in school in the future?

MARK (X) ONE

0 ☐ No, not harder at all

1 ☐ Yes, somewhat harder

2 ☐ Yes, much harder

2.2 Does having sexual intercourse as a teenager make it harder for a teen to grow and develop emotionally and morally?

MARK (X) ONE

0 ☐ No, not harder at all

1 ☐ Yes, somewhat harder

2 ☐ Yes, much harder

2.3 Does having sexual intercourse before marriage make it harder for someone to have a good marriage and a good family life in the future?

MARK (X) ONE

0 ☐ No, not harder at all

1 ☐ Yes, somewhat harder

2 ☐ Yes, much harder

2.4 Is there a problem with unmarried teens having sexual intercourse if no pregnancy results from it?

MARK (X) ONE

0 ☐ No problem at all

1 ☐ Some problem

2 ☐ A big problem

2.5 **For each of the following statements, please tell us if you strongly agree, agree, disagree, or strongly disagree.**

	MARK (X) ONE ANSWER FOR EACH	**STRONGLY AGREE**	**AGREE**	**DISAGREE**	**STRONGLY DISAGREE**
a.	Sexual relationships create more problems than they're worth for teens.....	3 ☐	2 ☐	1 ☐	0 ☐
b.	Sexual relationships make life too difficult for teens.....	3 ☐	2 ☐	1 ☐	0 ☐
c.	A sexual relationship is one of the best things a young person can have	3 ☐	2 ☐	1 ☐	0 ☐
d.	"Petting" (heavy kissing and touching) can lead to sexual intercourse	3 ☐	2 ☐	1 ☐	0 ☐
e.	In a relationship between a boy and a girl, there are many more important things than sexual intercourse.....	3 ☐	2 ☐	1 ☐	0 ☐
f.	It is OK to say "NO" when someone wants to touch me or wants me to touch them	3 ☐	2 ☐	1 ☐	0 ☐

2.5 *(continued)*

	MARK (X) ONE ANSWER FOR EACH	**STRONGLY AGREE**	**AGREE**	**DISAGREE**	**STRONGLY DISAGREE**
g.	Having sexual intercourse is something only married people should do	3 ☐	2 ☐	1 ☐	0 ☐
h.	It is against my values for me to have sexual intercourse as an unmarried teen ...	3 ☐	2 ☐	1 ☐	0 ☐
i.	It would be OK for teens who have been dating for a long time to have sexual intercourse	3 ☐	2 ☐	1 ☐	0 ☐
j.	It is OK for teenagers to have sexual intercourse before marriage if they plan to get married	3 ☐	2 ☐	1 ☐	0 ☐
k.	Having a good marriage is important to me	3 ☐	2 ☐	1 ☐	0 ☐
l.	Having a good marriage does not seem realistic for me	3 ☐	2 ☐	1 ☐	0 ☐
m.	The best way for young people to avoid an unwanted pregnancy or a sexually transmitted disease is to wait until they are married to have sexual intercourse	3 ☐	2 ☐	1 ☐	0 ☐
n.	A teen who has had sexual intercourse outside of marriage would be better off to stop having sex and wait until marriage to have sexual intercourse again	3 ☐	2 ☐	1 ☐	0 ☐
o.	It is likely that teens who have sexual intercourse before they are married will get pregnant	3 ☐	2 ☐	1 ☐	0 ☐
p.	It is OK for unmarried teens to have sexual intercourse if they use birth control	3 ☐	2 ☐	1 ☐	0 ☐

2.6 Do any of your 5 closest friends think it is okay for young people your age to have sexual intercourse?

0 ☐ No → **GO TO 2.7**
1 ☐ Yes

2.6a How many of your 5 closest friends think it is okay for young people your age to have sexual intercourse?

MARK (X) ONE

1 ☐ One or two of them
3 ☐ Three or four of them
5 ☐ All of them

2.7 Do any of your 5 closest friends think someone should wait until marriage before having sexual intercourse?

0 ☐ No → **GO TO 2.8**
1 ☐ Yes

2.7a How many of your 5 closest friends think someone should wait until marriage before having sexual intercourse?

MARK (X) ONE

1 ☐ One or two of them
3 ☐ Three or four of them
5 ☐ All of them

2.8 Have any of your 5 closest friends ever had sexual intercourse?

0 ☐ No → **GO TO 2.9**

1 ☐ Yes

2.8a How many of your 5 closest friends have had sexual intercourse?

MARK (X) ONE

1 ☐ One or two of them

3 ☐ Three or four of them

5 ☐ All of them

2.9 Do you feel pressure from your friends to have sexual intercourse?

0 ☐ No → **GO TO 2.10**

1 ☐ Yes

2.9a How much pressure do you feel?

MARK (X) ONE

0 ☐ No pressure at all

1 ☐ A little pressure

2 ☐ Some pressure

3 ☐ A lot of pressure

2.10 Imagine you had been going out with someone you really liked and this person decided he wanted to have sexual intercourse with you. But, you don't want to have sexual intercourse. Could you do each of the following?

MARK (X) ONE ANSWER FOR EACH		**YES**	**MAYBE**	**NO**
a.	Stick with your decision not to have sexual intercourse	2 ☐	1 ☐	0 ☐
b.	Talk to your boyfriend about your decision not to have sexual intercourse	2 ☐	1 ☐	0 ☐
c.	Avoid getting into a situation that might lead to sexual intercourse (like going to a bedroom, drinking, doing drugs)	2 ☐	1 ☐	0 ☐
d.	Say "NO" to having sexual intercourse, and explain your reasons	2 ☐	1 ☐	0 ☐
e.	Stop seeing your boyfriend if he keeps pushing you to have sexual intercourse.....	2 ☐	1 ☐	0 ☐

2.11 Have you taken a public or written pledge to abstain from sex until marriage?

0 ☐ No → **GO TO QUESTION 3.1, NEXT PAGE**

1 ☐ Yes

2.12 In what month and year did you take this pledge?

RECORD MONTH AND YEAR BELOW.

_____ MONTH

_____ YEAR

SECTION 3: SOME THINGS YOU MIGHT THINK OR DO

3.1 Here are some opinions that students sometimes have about themselves. Please tell us how much you agree or disagree with each one.

MARK (X) ONE ANSWER FOR EACH	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
a. I have a lot to be proud of	3 ☐	2 ☐	1 ☐	0 ☐
b. I like myself just the way I am	3 ☐	2 ☐	1 ☐	0 ☐
c. I feel like I am doing everything just about right.	3 ☐	2 ☐	1 ☐	0 ☐
d. I feel loved and wanted	3 ☐	2 ☐	1 ☐	0 ☐

The following questions are about things that some young people do. Please remember that all of your answers will be kept private and will not be shared with anyone.

3.2 After reading each sentence, mark the <u>one</u> answer that tells us how true the sentence is for you.

MARK (X) ONE ANSWER FOR EACH	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
a. I would do almost anything on a dare.....	3 ☐	2 ☐	1 ☐	0 ☐
b. I like to test myself sometimes by doing something a little risky.....	3 ☐	2 ☐	1 ☐	0 ☐
c. I keep out of trouble at all costs	3 ☐	2 ☐	1 ☐	0 ☐
d. I often act before I think	3 ☐	2 ☐	1 ☐	0 ☐

3.3 During the past month, have you smoked cigarettes?

0 ☐ No → **GO TO 3.4**

1 ☐ Yes

3.3a How often have you smoked cigarettes during the past month?

MARK (X) ONE

1 ☐ Only a few times

2 ☐ 1 or 2 times a week

3 ☐ Several times a week or more

3.4 Do any of your friends drink alcohol, like beer or wine or liquor like vodka, gin, or whiskey?

0 ☐ No → **GO TO 3.5**

1 ☐ Yes

3.4a How many of your friends drink alcohol, like beer or wine or liquor like vodka, gin, or whiskey?

MARK (X) ONE

1 ☐ Only 1 or 2 friends

2 ☐ Several

3 ☐ Most

3.5 Have you ever drunk alcohol, like beer or wine or liquor?

0 ☐ No → **GO TO 3.6**

1 ☐ Yes

3.5a How often in your life have you drunk alcohol, like beer or wine or liquor?

MARK (X) ONE

1 ☐ 1 or 2 times in my life

2 ☐ Only a few times ever

3 ☐ 1 or 2 times a month

4 ☐ About once a week

5 ☐ A few times a week

3.6 Do any of your friends use marijuana (pot or hash)?

0 ☐ No → **GO TO 3.7**

1 ☐ Yes

3.6a How many of your friends use marijuana (pot or hash)?

MARK (X) ONE

1 ☐ 1 or 2 friends

2 ☐ Several

3 ☐ Most

3.7 Have you ever used marijuana?

0 ☐ No → **GO TO 3.9**

1 ☐ Yes

3.7a How many times have you used marijuana?

MARK (X) ONE

1 ☐ 1 or 2 times in my life

2 ☐ Only a few times ever

3 ☐ 1 or 2 times a month

4 ☐ About once a week

5 ☐ A few times a week

3.9 Do you have a steady boyfriend?

0 ☐ No → **GO TO 3.11**

1 ☐ Yes

3.10 How old is he?

_____ YEARS OLD

3.11 Have you ever "made out" with someone of the opposite sex?

0 ☐ No

1 ☐ Yes

3.12 Have you ever been involved in "petting" with someone of the opposite sex? By "petting" we mean heavy kissing and touching or being touched.

0 ☐ No

1 ☐ Yes

SECTION 4: HEALTH CLASSES AND SEX EDUCATION

4.1 Which of the following can you get from having sexual intercourse?

	MARK (X) ONE ANSWER FOR EACH	CAN GET	CAN'T GET	NOT SURE
a.	AIDS or HIV	1 ☐	0 ☐	-1 ☐
b.	Diabetes	1 ☐	0 ☐	-1 ☐
c.	Gonorrhea or Clap or Drip	1 ☐	0 ☐	-1 ☐
d.	Genital herpes or herpes or herpes simplex virus	1 ☐	0 ☐	-1 ☐
e.	Multiple Sclerosis	1 ☐	0 ☐	-1 ☐
f.	Syphilis	1 ☐	0 ☐	-1 ☐
g.	Chlamydia	1 ☐	0 ☐	-1 ☐
h.	Crabs	1 ☐	0 ☐	-1 ☐
i.	Tuberculosis	1 ☐	0 ☐	-1 ☐
j.	Genital warts	1 ☐	0 ☐	-1 ☐
k.	Hepatitis B	1 ☐	0 ☐	-1 ☐
l.	Jaundice	1 ☐	0 ☐	-1 ☐
m.	Human papilloma virus (HPV)	1 ☐	0 ☐	-1 ☐

4.2 Mark the answer that comes closest to what you think.

	MARK (X) ONE ANSWER FOR EACH	ALWAYS	USUALLY	SOMETIMES	NEVER
a.	If a condom is used correctly, it prevents girls from getting pregnant	3 ☐	2 ☐	1 ☐	0 ☐
b.	If a condom is used correctly, it prevents HIV	3 ☐	2 ☐	1 ☐	0 ☐
c.	If a condom is used correctly, it prevents sexually transmitted diseases (STDs) such as chlamydia and herpes	3 ☐	2 ☐	1 ☐	0 ☐
d.	If a condom is used correctly, it prevents sexually transmitted diseases (STDs) such as herpes	3 ☐	2 ☐	1 ☐	0 ☐

4.3 If you had sexual intercourse (went all the way) once without using a condom, could you get a sexually transmitted disease?

MARK (X) ONE

0 ☐ No

1 ☐ Yes

d ☐ Don't know

4.4 If you had unprotected sexual intercourse (went all the way) once, could you get pregnant?

MARK (X) ONE

0 ☐ No

1 ☐ Yes

d ☐ Don't know

4.5 Do you think you will abstain from sexual intercourse . . .

MARK (X) ONE ANSWER FOR EACH		YES	NO
a.	from now until you complete high school?	1 ☐	0 ☐
b.	from now until you are at least 20 years old?	1 ☐	0 ☐
c.	from now until you are married?	1 ☐	0 ☐

4.6 Have you ever had sexual intercourse? Sexual intercourse means "going all the way" and is the act that makes babies.

0 ☐ No → **CLOSE THIS BOOKLET AND OPEN THE ENVELOPE LABELED "SECTION 5"**

1 ☐ Yes → **CLOSE THIS BOOKLET AND OPEN THE ENVELOPE LABELED "SECTION 6"**

SECTION 5: THE FUTURE

5.1 Have you ever gone out alone with a boyfriend on a date?

0 ☐ No → **GO TO 5.3**

1 ☐ Yes

5.2 How many times have you gone out alone on a date with a boyfriend?

MARK (X) ONE

1 ☐ Once or twice in my life

2 ☐ Less than once a month

3 ☐ 1 or 2 times a month

4 ☐ 3 or more times a month

5.3 How comfortable would you be saying “no” to a sexual come-on?

MARK (X) ONE

3 ☐ Very comfortable

2 ☐ A little comfortable

1 ☐ Very uncomfortable

5.4 Would having a child before you were married make you better off or worse off than you are now?

MARK (X) ONE

4 ☐ A lot better off

3 ☐ Somewhat better off

2 ☐ About the same as now

1 ☐ A little worse off

0 ☐ A lot worse off

5.5 Do you think you will have sexual intercourse during the next year?

MARK (X) ONE

2 ☐ I definitely will have sexual intercourse during the next year → **GO TO 5.6**

1 ☐ I might have sexual intercourse during the next year → **GO TO 5.6**

0 ☐ I definitely will not have sexual intercourse during the next year

5.6 How important to you are the following reasons for not having sex?

MARK (X) ONE ANSWER FOR EACH	**Very Important**	**Somewhat Important**	**Not At All Important**
a. I want to wait until I'm married	2 ☐	1 ☐	0 ☐
b. It is against my religious beliefs	2 ☐	1 ☐	0 ☐
c. I don't want to get AIDS or some other sexually transmitted disease	2 ☐	1 ☐	0 ☐
d. I haven't found the right person	2 ☐	1 ☐	0 ☐
e. I wouldn't feel comfortable doing it	2 ☐	1 ☐	0 ☐
f. I haven't had the opportunity	2 ☐	1 ☐	0 ☐
g. I don't feel I am ready	2 ☐	1 ☐	0 ☐
h. I don't want to disappoint my parents	2 ☐	1 ☐	0 ☐
i. I don't want to be used or taken advantage of	2 ☐	1 ☐	0 ☐
j. I want to finish my education	2 ☐	1 ☐	0 ☐
k. I do not want to get pregnant	2 ☐	1 ☐	0 ☐

5.7 Please tell me how much you agree or disagree with the following statements:

MARK (X) ONE ANSWER FOR EACH	**STRONGLY AGREE**	**SOMEWHAT AGREE**	**SOMEWHAT DISAGREE**	**STRONGLY DISAGREE**
a. If I don't have sexual intercourse as an unmarried teen, I will get along better with my parents	3 ☐	2 ☐	1 ☐	0 ☐
b. If I don't have sexual intercourse as an unmarried teen, I will have more friends	3 ☐	2 ☐	1 ☐	0 ☐
c. If I don't have sexual intercourse as an unmarried teen, I will keep my friends longer	3 ☐	2 ☐	1 ☐	0 ☐

5.8 In the past 12 months, how often did you attend religious services?

MARK (X) ONE

3 ☐ Once a week or more

2 ☐ Once a month or more, but less than once a week

1 ☐ Less than once a month

0 ☐ Never

5.9 How important is religion to you?

MARK (X) ONE

3 ☐ Very important

2 ☐ Fairly important

1 ☐ Fairly unimportant

0 ☐ Not important at all

5.10 Many churches, synagogues, and other places of worship have special activities for teenagers—such as youth groups, Bible classes, or choir.

In the past year, how often did you attend such youth activities?

MARK (X) ONE

3 ☐ Once a week or more

2 ☐ Once a month or more, but less than once a week

1 ☐ Less than once a month

0 ☐ Never

THANK YOU FOR COMPLETING THE SURVEY.

PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE.

SECTION 6: EXPERIENCES

6.1 How old were you when you had sexual intercourse <u>for the first time</u>?

_____ YEARS OLD

6.2 How old was the person you had sex with this first time?

_____ YEARS OLD

6.3 Think about the <u>first time</u> you had sexual intercourse. Which of the following 3 statements comes closest to describing how much you wanted that first intercourse to happen?

MARK (X) ONE

1 ☐ I really didn't want it to happen at the time

2 ☐ I had mixed feelings—part of me wanted it to happen at the time and part of me didn't

3 ☐ I really wanted it to happen at the time

6.4 Think about the <u>first time</u> you had sexual intercourse. Did you or your partner use <u>any</u> of the following that first time?

MARK (X) ONE ANSWER FOR EACH		**YES**	**NO**
a.	Condoms.....	1 ☐	0 ☐
b.	Birth control pills.....	1 ☐	0 ☐
c.	Depo-Provera or Norplant	1 ☐	0 ☐
d.	Morning after pills.....	1 ☐	0 ☐
e.	Other: _____ **(WRITE IN BIRTH CONTROL METHOD USED)**	1 ☐	0 ☐

6.5 With how many partners have you ever had sexual intercourse, even if only once?

|__|__| PARTNERS

r ☐ Refused

6.6 With how many different partners have you had sexual intercourse in the past 12 months?

0 ☐ No partners → **GO TO 6.11**

|__|__| PARTNERS

6.7 Now, think about (this person/these people) with whom you had sexual intercourse in the past 12 months. To the best of your knowledge, did any of them ever have a sexually transmitted disease or STD?

MARK (X) ONE

0 ☐ No

1 ☐ Yes

d ☐ Don't know

r ☐ Refused

6.8 How many times have you had sexual intercourse in the past 12 months?

|__|__|__| TIMES

d ☐ Don't know

r ☐ Refused

6.9 On how many of these occasions of sexual intercourse in the past 12 months did you or your partner use some form of birth control or pregnancy protection?

0 ☐ None
1 ☐ Some
2 ☐ Half
3 ☐ Most
4 ☐ All
d ☐ Don't know

6.10 On how many of these occasions did (you/your partner) use a condom?

0 ☐ None
1 ☐ Some
2 ☐ Half
3 ☐ Most
4 ☐ All
d ☐ Don't know

The next questions are about sexually transmitted diseases.

6.11 Have you ever been tested for a sexually transmitted disease (STD)?

0 ☐ No
1 ☐ Yes

6.12 Have you ever been told by a doctor or a nurse that you had any of the following sexually transmitted diseases?

MARK (X) ONE ANSWER FOR EACH	**NO**	**YES**	**DON'T KNOW**
a. Chlamydia.....	0 ☐	1 ☐	-1 ☐
b. Syphilis	0 ☐	1 ☐	-1 ☐
c. Gonorrhea.....	0 ☐	1 ☐	-1 ☐
d. HIV or AIDS	0 ☐	1 ☐	-1 ☐
e. genital herpes	0 ☐	1 ☐	-1 ☐
f. genital warts [or HPV].....	0 ☐	1 ☐	-1 ☐

6.13 Are you pregnant now?

0 ☐ No
1 ☐ Yes
d ☐ Don't know

6.14 Have you been pregnant in the past?

1 ☐ Yes
0 ☐ No
d ☐ Don't know

6.15 Have you ever had a baby?

0 ☐ No
1 ☐ Yes

THANK YOU FOR COMPLETING THE SURVEY.

PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE.

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Lynne revised for Amy Johnson